VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6609 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06593

PLACE OF DEATH a. COUNTY			esed livad, If institution: Rasidenca bafora edmission b. COUNTY
	MARYLAND	Maryland	Caroline
write RURAL end give neerest town) Preston - Rurel	16 vears	Preston - Rura	
d. NAME OF HOSPITAL OR INSTITUTION (if Harmony Road	not in hospitel, giva straat addrass)		a. IS RESIDENC ON A FARM YES X NO
DECEASED	Middla	Last 4. DATE OF	Month Day Year
D.C.COTT			une 5 ₁₉ 61
			AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) 49 yrs. Hours Min.
		11. BIRTHPLACE (Stala or foreign country Orlando, Florida	12. CITIZEN OF WHAT COUNTR
. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Bell	TO BE OVER THE	Rosa (maiden name u	ınknown)
		NFORMANT	Address
No	262-16-1961 Ma	mie Bell, reston, P	aryland, R.F.D.
Conditions, If eny, which gave rise to immediate cause (e), stating the underlying cause lest. [MMEDIATE CAUSE (e) DUE TO DUE TO (c)	l		ONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS PERFORMER?
208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURED. (E	ntar natura of injury in Pert I or Part II of Ite	em 1B.)
20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19			r town) (County) (Slete)
			DATE SIGNED
		DEPUTY MEDICAL EXAMINER Address (Street, city, town, or cou	
e. BURIAL, CREMATION, REMOVAL (Specify) Burial June 8, 1	22c. NAME OF CEMETERY OR L961 Church of God		reston, Maryland (State)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Preston — Rural d. NAME OF HOSPITAL OR INSTITUTION (if Harmony Road NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7 Male Negro 10e. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired) Day aborer 1. FATHER'S NAME John Bell 1. WAS DECEASED EVER IN U.S. ARMED FORCE (as, no, or unkown) 18. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) 19. DUE TO Conditions, If eny, which gave rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITION 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19 21. I certify that I took charge of death resulted from: Natural cause (Type) Dawson O.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Preston — Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Harmony Road NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Harmony Road NAME OF DECEASED (Type or print) Jack SEX 6. COLOR OR RACE 7. MARRIED NEYER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED Farm One. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired) Day Laborer 1. FATHER'S NAME JOHN 13. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, If eny, which gave rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Port of the work feet work f	Caroline

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEA	TH

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	CE OF DEATH DUNTY	Caroli	ne	M	ARYLAND	2. USUAL RESID	Mary		lived. If institution b. COUNTY	Car			
b. CI	TY OR TOWN (If of RAL and give near	outside carporate limest town)	its, write	c. LENGTH OF S	TAY IN 16 Yrs.	c. CITY OR T			ote limits, write RI	URAL ond gi	ve negre	st town)	
d. N	AME OF HOSPITAL	(If not in hospital, g		address)		7 d. STREET A		one		45		IS RESIDE ON A FA YES X N	RM?
	ASED	ngust.	rst		aul_	Kibler		4. DATE OF DEATH	Man		Doy 23	Year	6
s. sex		White	7. MARRI	DIVO		12-16-1			9. AGE (In years lost birthdoy) yrs.	Months [-	Min.
Re Re	UAL OCCUPATION in a most of working tired F	(Give kind of work g life, even if retired ARMER	dane 10b. (None None	SS OR INDUS	124	ace (Stote o		ountry)		S.	HATCOU	NTRY
13. FATH	HER'S NAME	Joseph	Kibl	.er		14. MOTHER'S			sa Kerc	hoff			
1S. WAS	DECEASED EVER	N U. S. ARMED FOR yes, give war or dates of	service)	SOCIAL SECURITY		FORMANT Elsie I	E. Ki	bler	Greens		, Mc	ı.	
go co lyi	onditions, if any over ise to impuse (o), stating thing couse last.	mediote ()))						Bladde E CONDITION GIV		1(o) 19.	WAS AUT	TOPS'
SH OR (IF	. ACCIDENT WAS CONTRIBUTING E EITHER, NOTIFY M	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DESC	CRIBE HOW INJUR	RY OCCURREE). (Enter noture o	f injury in Po	art I ar Part	II af item 1B.)	139	,	YES N	-
WEDICAL 20c.	TIME OF INJURY Haur a.m. p. m.	Manth, Doy, Ye	20d. IN While at wark	Not while	20e. PLA fac	CE OF INJURY (I tory, street, office	Hame, farm, bldg., etc.)	20f. (City	or town)	(Co	ounty)		(Stote
sa		(I) (this hospita d alive an				Feb. 15	11		June 23 the causes an	-		stated al	bave
220	PHYSICIAN'S NAME (Type)	Charles	H.St	ones fe		M.D. PHYS. 22d. ADDRE	SS DIR	ECTOR L	STAFF PHYS. □	6	/24	/61 ^s	IGNE
	RIAL, CREMATION	23b. DATE THERE		234 NAME OF	Cros			Nea	r Green		0, 1	(Stote) Md.	
240 FUN	E. Bou	SIGNATURE	Le	ADDRESS	no m	nl.	25a. REC'D	BY REGIST 2 8 '61		STRAR'S SIG			

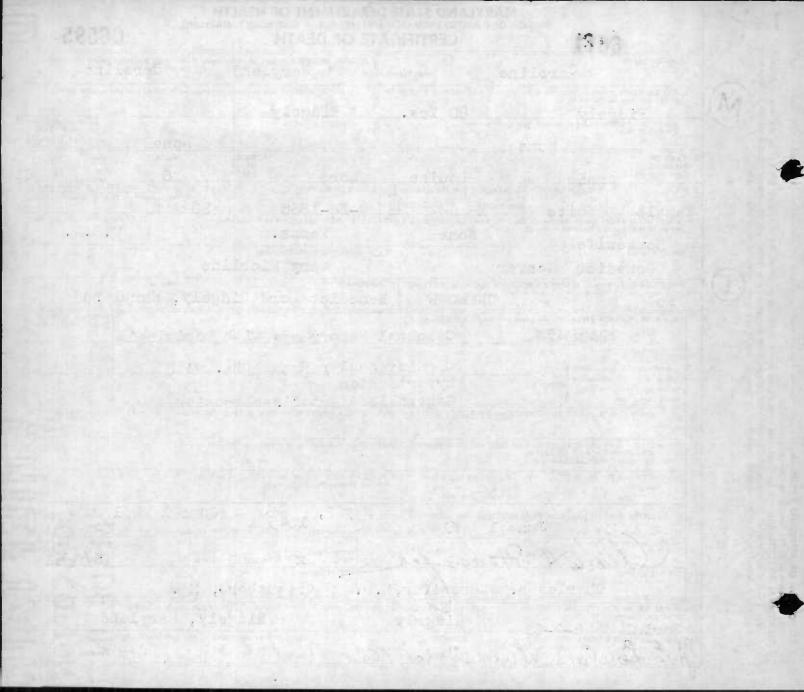
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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61	611	CERTIFICA	TE OF DEATH	10.00		00	333
1. PLACE OF DEATH o. COUNTY	Caroline	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Wary	land		Carolin	
b. CITY OR TOWN (If RURAL and give neo	outside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corpo	rote limits, write RL	JRAL and give ne	arest town)
Ride	elw.	80 Yrs.	Ridgely	-			
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospitol, give street	address)	d. STREET ADDRESS		Non	e	e. IS RESIDENCE ON A FARM? YES NO F
3. NAME OF	First	Middle	Last	4. DATE	Mon	th Do	y Yeor
(Type or print)	nnie	Louise	Lord	OF DEATH	6	1	19 E
S. SEX			B. DATE OF BIRTH		9. AGE (In years		IF UNDER 24 HRS
T0 7	WIDOW		0 10 1000		last birthdoy) Q yrs.	Months Doys	Hours Min.
100. USUAL OCCUPATION	watte	. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	ar fareian co		12. CITIZEN O	F WHAT COUNTRY
during most of warki	ng life, even if retired)	None	Penna.			U.S	5.A.
HOUSEW 13. FATHER'S NAME	ife		14. MOTHER'S MAIDEN N				
Bened			Mary K		ine		
		50-111 SECURITY NO. 137 IN	FORMANT	-2-0112	Addr		
(Yes, no or unknown) (I	IN U. S. ARMED FORCES? 16 f yes, give war or dates of service)		enedict Lor	a Pi			nđ
NO		UNKNOWN B	allegice nor	u nu	agery,		
	TH [Enter only one cause per I					ON	SET AND DEATH
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebral	Hemorrhage	with	n hemip	Legia	
442	DUE TO						
Canditions, if on		Cardiova	scular Rena	l Dis	s. with		
gave rise to in couse (o), stating I	nmediate DUE TO	hyperten	sion				
lying couse lost.	(c)	Generali	zed Arterio	salar	ensia		
PART II. OTHI	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING (1) 20b. DE: CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I or Par	t II of item 1B.)		
20c. TIME OF INJURY Haur a. m. p. m.	While	fac.	ACE OF INJURY (Home, form tary, street, office bldg., etc	n, 20f. (Cit)	y or town)	(County)) (Stote
21. I certify that	(I) (this haspital) atten	ded the deceased fram		61 A.to_			hat (I) (we) las
saw the decease	ed alive an June	1924 and that d	eath accurred at	.M, fram	the causes an	d an the date	e stated abave 22b.DATE
Le	ul Host	neosifer	M.D. PHYS.	ED.	STAFF PHYS.	6	5/2/61 SIGNE
22c. PHYSICIAN'S NAME (Type)	Charles H. S	Stone siver, M.	D. Green	nsbor	o, Md.		
23a. BURIAL, CREMATION REMOVAL (Specify)	N, 23b, DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCA Ridg	cely, Ma	or county) aryland	(State)
Burial 24 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		D BY REGIS	1 4	STRAR'S SIGNATU	
1 x. Co. 6700	· Vacal atree	ver voren ne	DATE	IUN 6	'61	Inthur S. th	iallA

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VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

o. COUNTY	roline	.511	MARYLAND	2. USUAL RESIDENCE o. STATE Mary		h COLINTY		
	(If outside corporate limi nearest town)	ts, write	c. LENGTH OF STAY IN 16	c, CITY OR TOWN			J 440 - 14	
	PITAL (If not in hospital, g		ddress)	d. STREET ADDRES				e. IS RESIDENCE ON A FARM? YES NO
. NAME OF	Fir		Middle	Last	4. DATE	Mon	AL	Day Yeor
DECEASED (Type or print)	Floyd	1	C.	Macklin	OF DEATH	June :	30	19 61
Male Male	6. COLOR OR RACE White	7. MARRIE	DIVORCED	Mar. 2, 1	900	AGE (In years last birthdoy) yrs.		YEAR IF UNDER 24 HE Doys Hours Min.
00. USUAL OCCUPA during most of w	orking life, even if retired		IND OF BUSINESS OR IND griculture	USTRY 11. BIRTHPLACE (S		ntry)		EN OF WHAT COUNTR
3. FATHER'S NAME			IO PARTE	14. MOTHER'S MAIDE	EN NAME			
Georg	e W. N. Ma	ackli	n	Flor	a Corkr	an		
	VER IN U. S. ARMED FOR (If yes, give wor or dates of so	CES? 16. SC	OCIAL SECURITY NO. 17.	rs.Mary R.	Mackli	Addin, Pres		RD, Maryla
-	EATH [Enter only one co	use per line						INTERVAL BETWEEN
PART I. C	CATH MAS CAUSED BY			1 2 0	1 0			ONSET AND DEATH
1100	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o		cute mys		info	relion	<u> </u>	SIXV.
Conditions, if gove rise to couse (o), stotin lying couse los	ony, which immediate of the under-) a	rteriosel	crotic ho	eart de) 	Unknow
Conditions, if gove rise to couse (o), stotic lying couse lo: PART II. C	ony, which immediate has been been been been been been been bee) a	9	crotic ho	erminal disease		VEN IN PART	Unknow 1 1(o) 19. WAS AUTOPS PERFORMED? YES \(\) NO [
Conditions, if gove rise to couse (o), stolin lying couse lo: PART II. C PART II. C OR CONTRIBUTION (IF EITHER, NOTI	ony, which immediate of the under-	ditions co	rteriosel	erotic he ut not related to the t	erminal disease	CONDITION GIV	/EN IN PART	PERFORMED?
Conditions, if gove rise to couse (o), storin lying couse loo PART II. C PART II. C OR CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTI	ODUE TO DUE TO ONLY, which immediate (a) the under of the side of the under of the	DITIONS CO	ONTRIBUTING TO DEATH BY THE PROPERTY AND THE PROPERTY OF THE P	erotic he ut not related to the t	ERMINAL DISEASE (CONDITION GIV		PERFORMED?
Conditions, if gove rise to couse (a), stolin lying couse loo Part II. C Part II. C Part III. C Part I	ODUE TO ONY, which immediate (b) immediate (c) OTHER SIGNIFICANT CON WAS UNDERLYING (C) W	20b. DESCR 20d. INJ While of work	ONTRIBUTING TO DEATH BY THE PROPERTY OF THE PR	UT NOT RELATED TO THE TI WATTERNA RED. (Enter noture of injury) PLACE OF INJURY (Home, foctory, street, office bldg.	erminal disease of the port I form, 20f. (City o etc.)	CONDITION GIV I of item 18.) Ir town)	(C	YES NO
Conditions, if gove rise to couse (o), storin lying couse loo. PART II. C PART II. C OR CONTRIBUTION (IF EITHER, NOTIN Hour o. m. p. n. 21. I certify the contribution of the country	ODUE TO ONY, which immediate (b) immediate (c) OTHER SIGNIFICANT CON WAS UNDERLYING (C) W	DITIONS CO 20b. DESCR ar 20d. INJ While of work 1) attende	ONTRIBUTING TO DEATH BY THE PROPERTY OF THE PR	UT NOT RELATED TO THE T	erminal disease of the port I of Por	CONDITION GIV	(C	YES NO (Sto
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Conditions, if gove rise to couse (o), stotin lying couse lo: PART II. C PAR	ODJECTO ONY, which immediate (b) DUE TO ODJECTO ONY, which immediate (c) DUE TO ODJECTO ODJECT	DIDITIONS CO	ONTRIBUTING TO DEATH BE STATE OF THE PROPERTY	PLACE OF INJURY (Home, foctory, street, office bldg. deoth occurred of M.D. ATTENDING PHYS.	erminal Disease of the Port I or Port I form, 20f. (City on the Port I)	condition GIV I of item 18.) I town) The courses on STAFF PHYS.	(C	PERFORMED? YES NO (Stormer) (Stormer) O that (I) web-located above 22b.DATE SIGN
Conditions, if gove rise to couse (o), stolin lying couse los on a control lying control lying couse los on a control lying control	ON WHICH IMMEDIATE CAUSE (or DUE TO ONE, which immediate fighte understand of the control of the	DITIONS CO 20b. DESCR 20d. INJ While of work 1) attende	DITRIBUTING TO DEATH BY CRIBE HOW INJURY OCCUR JURY OCCURRED Of work Of the deceased from 19 (C), and that OR, M.D. 23c. NAME OF CEMETERY	UT NOT RELATED TO THE T	erminal disease of the property of the propert	condition given town) - 2 1 ne couses on STAFF PHYS. land DN (City, town,	(C , 19.6 nd on the	PERFORMED? YES NO [Ounty) (Sto dote stoted above 22b.DATE SIGN (Stote)
Conditions, if gove rise to couse (o), stotil lying couse los PART II. C PART II. C 20a. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTI 21. I certify the saw the decession of the country o	ODJUE TO DUE TO ONLY, which immediate had been to be the simple of the side of	DITIONS CO 20b. DESCR 20d. INJ While of work 1) attende	DITRIBUTING TO DEATH BY CRIBE HOW INJURY OCCUR JURY OCCURRED Of work Of the deceased from 19 (C), and that OR, M.D. 23c. NAME OF CEMETERY	UT NOT RELATED TO THE T	erminal disease of the property of the propert	condition given town) 1 - 2 1 ne couses on STAFF PHYS. land ON (City, town, ston, M.)	(C , 19 _6 ad on the	PERFORMED? YES NO [Ounty) (Sto dote stoted above 22b. DATE SIGN (Stote) (Stote)
Conditions, if gove rise to couse (o), storin lying couse loo. PART II. CONTRIBUTION OR CONTRIBUTION CONTRIBUTION (IF EITHER, NOTING) 20c. TIME OF INJ. Hour o. r. p. r. n. 21. I certify the saw the deceding the contribution of the contribution	ODJUE TO DUE TO ONLY, which immediate had been to be the simple of the side of	DITIONS CO 20b. DESCR 20d. INJ While of work 1) attende	ONTRIBUTING TO DEATH BY CRIBE HOW INJURY OCCURRED ON While of twork of the deceased from 19 co., and that Or, M.D. 23c. NAME OF CEMETERY JUNIOR OF CAMETERY ADDRESS	PLACE OF INJURY (Home, foctory, street, office bldg. deoth occurred of M.D. ATTENDING PHYS. 22d. ADDRESS Easto OR CREMATORY 250.	erminal disease of the property of the propert	on (City, town,	or county)	PERFORMED? YES NO [O that (I) No [O that (I)

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	Sunton, Baryland	Televore, 8.5.	North dollars
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6613 CERTIFICATE OF DEATH 06597

e. COUNTY				yland		Caroli	
b. CITY OR TOWN (if outside	corporete limits,	MARYLAND c. LENGTH OF STAY IN 1b		N (If outside corporete			
write RURAL and giva nee	erast town)			eralsburg			
d. NAME OF HOSPITAL OR IN	NSTITUTION (if not in b	23 years	d. STREET ADDRE	-			. IS RESIDENCE
		tospilot, give silver evenessy		Park Lane			ON A FARM?
208 Park I		re i ii	11 - 1000			D	YES X NO
DECEASED (Typa or print)	Sarah	Fmily	Moore	4. DATE OF DEATH	June	24	1961
5. SEX 6. COL	OR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH		E (In years IF UNE		IF UNDER 24 HRS.
Female Wh			January 11.		6 yrs. Month	ns Days	Hours Min.
10e. USUAL OCCUPATION (GIVE	a kind of work 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (C	ounty & State, or forei	gn country) 12.	CITIZEN OF	WHAT COUNTRY?
done during most of working life, Housework	, avan if refired)	Home	Talbot Co	unty, Mary	land	U.S.	A.
13. FATHER'S NAME			14. MOTHER'S MAID				
Robert Warne	er		Ozella T	urner			
15. WAS DECEASED EVER IN U.S	. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.	INFORMANT		Address		
(Yes, no, or unkown) (Ifyasgive)	wer or detes of service)	None 1	Mrs. W. Lee	Jester, Fe	deralsbu	rg. Ma	ryland
18. CAUSE OF DEATH [Enter only one ceuse pe		TO HE DOD	000000, =0		INTI	ERVAL BETWEEN
PART I. DEATH WAS C	AUSED BY:		mbosis			2 00	SET AND DEATH
2 20 NWWEDIA	TE CAUSE (a)						
3322	DUE TO	terioscleros	is			10	yrs
Conditions, if eny, which geve rise to immediate cause	(D)				_		
(a), steting tha underlying	DUETO	Hypertension	1			10	years
ceusa last.) (c)				DITION OF THE		NAC ALTOREY
PART II. OTHER SIGNIFIC 206. ACCIDENT WAS UNDE COR CONTRIBUTING CAUSE (IF EITHER. NOTIFY MEDICA	CANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN		PERFORMED?
20e. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICA	E OF DEATH	ESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury	in Part I or Part II of it	em 18.)		
Hour a.m.	WI		ACE OF INJURY (Home, ectory, street, office bldg.,		own)	(County)	(Stete)
	- 17		6-10-61	6	-24-61	40	(1) () 1
		ended the deceased from	P	., 19, 10	,		nat (I) (we) last
	e on 6-24:	-6.1	at death occured a	TE SM Hom the	e causes and c	on the da	
22a SIGNATURE	M. an	derson	M.D. PHYS.		TAFF HYS.	6-27	-61 DATE
274 PHYSICIAN'S NAME (Type)		nderson, M.D.	22d. ADDRESS	alsburg, M	aryland		
23a. BURIAL, CREMATION, 23b		23c. NAME OF CEMETER			N (City, town or c	ounty)	(Stete)
DEMOVAL (Conside)	June 27, 19				lsburg,		
24 FUNERAL DIRECTOR'S SIGNA	ATURE	ADDRESS M.	25e.	REC'D BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	URE
J.J. Framptom an	d Son, Fed	eralsburg, mary	DATE	JUL 3 '61	arthur	1 8. Kra	m4

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TALDOS Country, Mary Land | U.S. I.

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Branch & Martin M. D. Constant & Smarth

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FOR STATE HEALTH DEPT. TO DENUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It and delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Medical for its designated agent, prior to burial, cremation, or removal, and in any event within 72 mone effect death.

VS. A1SME 5M 7/S9 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6614 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 96598

1. PLACE OF DEATH •. COUNTY Caro	line	MARYLAND	CTATE		f institution: Residence before edmission)
b. CITY OR TOWN (if	outside corporate limits,				ite RURAL and give nearest lown)
Federals	burg - Rural	Instant	The second second second	desdale - Rural	
		hospital, give street address)	d. STREET ADDRESS	S	e. IS RESIDENCE
	Branch Road		Broo	okview	YES NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE Moni	th Dey Yeer
(Type or print)	Gilbert	Pay	ne Jr.	DEATH June	24 19 61
S. SEX	6. COLOR OR RACE 7. MA	THE TEXT INTERNIED	DATE OF BIRTH	Inst histhday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White WIDO	OWED DIVORCED	November 3,	1920 40 yrs.	Months Days Hours Min.
10e. USUAL OCCUPATION done during most of work	ON (Give kind of work	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stel		12. CITIZEN OF WHAT COUNTRY?
Button Cut		xcelsior Pearl W	orks Dore	hester Co., Md.	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Gilbe	rt Pavne. Sr.		Minnie !	Brinsfield	
15. WAS DECEASED EVE	rt Payne, Sr.	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	ss
(Yes, no, or unkown) (Ify	resgive wer or detes of service)	218-12-1217 Mr	s. Gilbert	Payne, Jr., Rh	odesdale, Md.,RFD
	ATH [Enter only one cause	per line for (e). (b), and (c).)			INTERVAL BETWEEN
	WAS CAUSED BY: AMEDIATE CAUSE (e)	Frantine automobile	a Dki	ell	ONSET AND DEATH
822	DUE TO	1/www.		1	ymmunee_
Conditions, if any,		automobile	lece, do		
geve rise to immedie	le cause	www pp mon			
(e), steting the un-	derlying DUE TO				
	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE CONDITION OF	VEN IN PART 1(e): 19. WAS AUTOPSY
OF TAKE III OTHER	SIGNIFICATIVE CONDITIONS	COMMODITING TO DESTRICT	THE TEXT	WAL DISTAST CONDITION OF	PERFORMED?
200. EXTERNAL CAU	ISE WAS 1 201 DE	SCRIBE HOW INJURY OCCURED. (I	Catas action of interes in D	and I as Don't II of Story 10 1	YES NO
PRIMARY OF CON			the roadway	The state of the s	
20c. TIME OF INJUR	, , , v	The trible	CE OF INJURY (Home, fair pry, street, office bldg., et		(County) (Stote)
Pilli		remains described ebove, he	eghwy	Kunt tenem	estry carrier mo
					and in my opinion
deam resulted fr	om: Natural causes	Accident X, Suic	ide [], Homicide		manner
ACTUAL	K ~	1.		L EXAMINER	
SIGNATURE	Jausan D	Teorge,	M.D.	EDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type)	Dawson O. Geo	orge, M.D.		AL EXAMINER	6-25-61
22e. BURIAL, CREMATION REMOVAL (Specify)	, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, town	twi.
Burial	June 28,1961	Hill Crest C	emetery	Federalsburg	g, "aryland
23. FUNERAL DIRECTOR		ADDRESS M	7 and 24a. RE	EC'D BY REGISTRAR 24b. REG	GISTRAR'S SIGNATURE
J.J.Frampto	m and Son, Fe	deraisburg, ary	land	2 '61 Class	hus S. Krans
			- 111	3 11	A. Tourist

1 And the state of t The state of the s when the set of the least test the last to the set of t and the same of th THE STATE OF THE S The Party of the section of the sect trainer constructed to be being being

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

6615

1. PLACE OF DEATH o. COUNTY			2. USUAL RESID	DENCE (Where decease		on: Residence be	fore admission)
	line	MARYLAND		aryland	b. COUNTY	Caro.	line
b. CITY OR TOWN (If outsi	de carporate limits, v	vrite c. LENGTH OF STAY IN 1b	c. CITY OR T	OWN (If outside corp	porate limits, write R	URAL ond give n	learest town)
Greens	9	50 yrs.	X	Gre	ensboro		(
d. NAME OF HOSPITAL (IF	not in hospital, give	street address)	d. STREET A	DDRESS		The same	e. IS RESIDENCE ON A FARM?
OK HASHIOHOIA	None			None			YES NO
3. NAME OF DECEASED	First	Middle	Last		Man	th (Day Yeor
(Type or print)	Virgie	C.	Roe	OF DEAT	H Ju	ne	7 1961
S. SEX 6. C		MARRIED NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years		R IF UNDER 24 HRS
Female	Cau. w	DOWED DIVORCED	April 1	5, 1893	lost birthday) 68 yrs.	Months Doys	Hours Min.
10a. USUAL OCCUPATION (G during most of working li	ve kind of work done	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Stote ar fareign	country)	12. CITIZEN	OF WHAT COUNTRY
Housekeepe		None	Ma	ryland		U	.S.A.
13. FATHER'S NAME	A LIFE IN STREET		14. MOTHER'S	MAIDEN NAME			
Fred Roe				Unkr	nown		
15. WAS DECEASED EVER IN U			NFORMANT		21244	Armour	Drive
(Yes, no, or unknown) (If yes,	give war or dates of service		rothy M	. Zechma	n Del.	Park M	anor
	Enter only one couse	per line for (o), (b), and (c).				ngton	TED & RETWEEN
PART 1. DEATH W		Coron	ary Occ	lusion		0	NSET AND DEATH
4701	DUE TO	002 011	41, 000	7407011			
Conditions, if any, w	L:LL V	Arterioscle	notio C	and i orra	aulan Di		
gave rise to immed	liate (D)			ararovas	COTSI. D	- 3	
lying cause last.	ider-	with hypert	ension				
	GNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY
PART II. OTHER SI							PERFORMED?
E 20a. ACCIDENT WAS UN	DERLYING [206	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature a	f injury in Port I or P	ort II of item 18.)		
OR CONTRIBUTING C	AUSE OF DEATH CAL EXAMINER)						
3 20c. TIME OF INJURY M	onth, Day, Year		ACE OF INJURY		ity or town)	(Count	y) (State
20c. TIME OF INJURY M Haur o. m.		While Not while for	ctory, street, office	bldg., etc.)			
		The same of the sa	Feb. 3	58	June 7.	67	
	, _ ,	ettended the deceosed from		1 70			that (I) (we) los
saw the deceased of	live an out	<u>6</u> 19 <u>6</u> 1, ond that c	death occurred	at	n the causes an	d on the da	te stated above 22b.DATE
60/	2 X/ 2	toresder	M.D. ATTENDING	MED.	STAFF PHYS.		SIGNED
22c. PHYSICIAN'S	411	1 ouesque	M.D. PHYS.		PH15		
NAME (Type) Cha	arles H.	Stone liter, M.	D. Gre	ensboro,	Marylar	nd	
23a. BURIAL, CREMATION, 2	3b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOC	ATION (City, town,	or county)	(Stote)
Burial (Specify)	6-10-61	Greens	boro	Gre	eensboro		Md.
24 FUNERAL DIRECTOR'S SIG	NATURE	ADDRESS	34.3	25a. REC'D BY REG		STRAR'S SIGNAT	
4-6. 12mel	res	Greensboro,	Md.	DATEJUN 1 2	61 Cin	thun S. Kis	ua.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

6616

06600

	PLACE OF DEATH a. COUNTY					2. USUAL RESI	DENCE (Wh	ere decease	d lived. If institut		befare adm	issian)
Caroline MARYLAND O. STATE Maryland b. COUNTY									Car	colir	10	
	b. CITY OR TOWN (RURAL and give n	If outside corparate limi		c. LENGTH OF STAY I	N 16	c. CITY OR		The same of the same of	orate limits, write F	URAL ond give	nearest to	wn)
G	reensbo			55 Yrs		XGree	nsbo	700				
Ť	d. NAME OF HOSPI	TAL (If not in hospital, g	give street	oddress)		d. STREET		10	700		e. IS R	ESIDENCE
	OR INSTITUTION	NT				/			T)T			A FARM?
2	NAME OF	No		A44.4.0				T4 5455	None			
	DECEASED (Type or print)	Willia	m	Henry	W	yatt "	st .	4. DATE OF DEATH	Moi 6	oth 2	29	19 6]
S.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE		B. DATE OF BIRT	Н		9. AGE (In years	IF UNDER 1 Y		
	Male	White	WIDOWE	DIVORCED		4-1-18	386		lost birthdoy) 75 yrs.	Months Do	ys Haur	Min.
10c	USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OF	NDUS			ar foreign c	ountry)	12. CITIZEN	OF WHAT	COUNTRY
	Maintant	e life Pet if mild	1k C	0.		De	lawa	re		U.S	5.A.	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN	IAME				
		**	225									
10	WAS DECEASED EVE	Henry		SOCIAL SECURITY NO.	17 161	FORMANT	ia Sc	ott_	Add			
		(If yes, give wor or dotes of s		SOCIAL SECURITY NO.	17. IN	PORMANI			Add	ress		
	No		21	3-22-8625	Ar	ma Wys	tt G	reen	sboro.	Maryla	and	
-	18. CAUSE OF DEA	ATH [Enter anly one co	use per lin	ne far (a), (b), and (c).]							INTERVAL	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	.)	Co	ron	ary Oc	clust	ion			ONSET AN	DEATH
	420	DUE TO	-			<u> </u>						
	Conditions, if o			Ar	ten	ingala	20+10	· Con	diovasc	117 0 10		
3	gave rise to i	mmediate (***	001	100016	1001	2 001	ulovasc	mrar.		
	cause (a), stating	the under-)	Di	g.	with h	mant	angi	on			
7	lying couse lost.) (c						-				
CERTIFICATION	PART II. OTI	her significant con	iditions <u>c</u>	CONTRIBUTING TO DEA	TH 8UT I	NOT RELATED TO	O THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART 1(PERF	S AUTOPSY FORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRISE HOW INJURY OC	CURRED	. (Enter nature o	if injury in I	Part I ar Par	t II of item 18.)			24
S P	20c. TIME OF INJUR	RY Manth, Day, Yes	ar 20d. IN	NJURY OCCURRED	20e. PLA	CE OF INJURY	Hame, farm	, 20f. (City	or tawn)	{Cau	nty)	(Stote
MEDICA	Haur o. m.	19	While	Nat while	fact	ary, street, offic	e bldg., etc.)		,	7,	
×	p. m.		ot work			-		-				
	21. I certify the	at (1) (this haspital	l) attend	led the deceased t	fram	June 2	7018	_0_1.ta_	June 2	9, 1951	that (1)	(we) las
	saw the deceas	sed alive an Ju	ne 2	8_19_61 and	that de	eath occurre	d at	M, from	the causes ar	nd an the d	ate state	d abave
	220. SIGNATURE		- 1									22b. DATE
	(V/e	cerles H 5	37	near le	e 1	A.D. PHYS.	G ME	ED. RECTOR	STAFF PHYS.	7	/1/67	SIGNE
	22c. PHYSICIAN'S			1		72d. ADDR						
	NAME (Type)	Charles !	H.S+	onesifer,	M. D	G.	reens	sboro	. Md.			
22-	BUDIAL CREATER	ON. 23b. DATE THEREC			TERV CE							
230	REMOVAL (Specify)			23c. NAME OF CEME	IEKT OR	CREMATORY		23d. LUCA	TION (City, tawn,	ar caunty)	(St	ate)
	Burial	7-2-6	1	Greenst	orc				ensboro	Mary	rland	
20	FUNERAL DIRECTOR	S SIGNATURE	0	ADDRESS	W	1	25a. REC'I	5 REGIS		STRAR'S SIGN	ATURE	-5

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